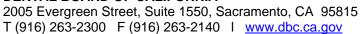


DENTAL BOARD OF CALIFORNIA





APPLICATION FOR LAW AND ETHICS EXAMINATION

SPECIAL PERMIT APPLICANTS OR APPLICANTS WHO PREVIOUSLY PASSED THE RESTORATIVE TECHINIQUE EXAM

	For Office ATS#	ce Use Only	For Office Use Only
No Fee Required			Received
(Please type or print neatly) 1. NAME			
	LAST	FIRST	MIDDLE
2. ADDRESS OF RECORD			
	Street		
	City	State	Zip Code
3. TELEPHONE NUMBER			
	Evening	g	Day
4. Do you have a disability or condition that requires special accommodations? Yes No If yes, email "db_examinations@dca.ca.gov" for a "REQUEST FOR ACCOMMODATION" packet.			
5. Preferred Examination	Northern California	Southern California	Month:
Date you passed the Restorative Technique Exam:			
7. Are you applying for a Spe	cial Permit?		Yes□ No □
Date		Signature	of Applicant